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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/682,644	
		Filing Date	October 1, 2001	
		First Named Inventor	FITALL, Simon	
		Art Unit	3626	
		Examiner Name	Gottschalk, Martin A.	
Total Number of Pages in This Submission	4	Attorney Docket Number	05162.0004.NPUS05	

ENCLOSURES (Check all that apply)					
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC			
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Convert to a Provisional Application	Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter Other Enclosure(s) (please Identify			
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Firm Name Howrey LLP Signature Printed name Michael J Bell					
Date September 28, 2006					
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N THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

FITALL, et al.

Application No.: 09/682,644

Filed: October 1, 2001

For: CREATION OF A DATABASE

CONTAINING PERSONAL HEALTH

CARE PROFILES

Confirmation No.: 3683

Art Unit: 3626

Examiner: Gottschalk, Martin A.

Atty. Docket: 05162.0004.NPUS05

(formerly 40241.262549)

REVOCATION OF PRIOR POWER OF ATTORNEY, APPOINTMENT OF NEW ATTORNEYS OF RECORD AND CHANGE OF CORRESPONDENCE ADDRESS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

New Health Sciences, Inc. is the assignee of the entire right, title and interest in the above-referenced patent application.

The undersigned, having express authority to represent the New Health Sciences, Inc., hereby revokes all powers of attorney heretofore given in the above- referenced application and appoints the attorneys associated with the Customer Number:

22930

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Applicant: FITALL, et al. Appl. No. 09/682,644 Page 2 of 2

Please direct telephone calls regarding this application to Michael J. Bell at (202) 383-6500.

New Health Sciences, Inc.

Name: Mass

Date:

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